| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155649 | A. BUILDING _____ B. WING _____ | R-C 05/08/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING** | **210 STATE HWY 43 SPENCER, IN 47460** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | INITIAL COMMENTS<br><br>This visit was for a Post Survey Revisit (PSR) to the investigation of Complaint IN00145199 completed on 03/08/2014.<br><br>This visit was in conjunction with a PSR to the Investigation of Complaint IN00145825 completed on 04/03/2014.<br><br>Complaint IN00145199 - Corrected.<br><br>Survey date: May 8, 2014<br><br>Facility number: 010478<br>Provider number: 155649<br>AIM number: 200197620<br><br>Survey team:<br>Susan Worsham, RN-TC<br><br>Census bed type:<br>SNF: 10<br>SNF/NF: 68<br>Total: 78<br><br>Census payor type:<br>Medicare: 7<br>Medicaid: 52<br>Other: 19<br>Total: 78<br><br>Sample: 03<br><br>McCormick's Creek Rehabilitation & Skilled Nursing was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00145199. | {F 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| {F 000} | Continued From page 1<br><br>Quality review completed on May 12, 2014; by Kimberly Perigo, RN. | {F 000} | | |